

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/20/2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646		Division: AIRPORTS		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: First Name: PETER		
1960 JOE CROSSON DR.		Middle Name		
City: EL CAJON		Last Name DRINKWATER		
County: SAN DIEGO		Suffix:		
State: CA Zip Code 92020		Email: Peter.Drinkwater@sdcounty.ca.gov		
Country: USA		Phone Number (give area code) (619) 956-4800 Fax Number (give area code) (619) 956-4801		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - CONSTRUCT WEST TRANSIENT APRON, (RSAT).		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: TBD Ending Date: TBD		a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 2,517,500		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/27/06		
b. Applicant \$ 77,563		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 54,937		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$				
g. TOTAL \$ 2,650,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name PETER		Middle Name
Last Name DRINKWATER				Suffix
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839		
d. Signature of Authorized Representative		e. Date Signed 12/20/06		

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12-20-06	Applicant Identifier R9 Tracking #: 07-017	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION Legal Name: South Coast Air Quality Management District		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Organizational DUNS: Address: Street: 21865 Copley Dr. City: Diamond Bar, CA County: Los Angeles State: CA Zip Code: 91765		Organizational Unit: Department: Division: Science & Technology Advancement Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary Middle Name: Last Name: Leonard Suffix: Email: mleonard@sqmd.gov Phone Number (give area code): 909-396-2780 Fax Number (give area code): 909-396-2765		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3099419		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Regional Agency		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-034 TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: National Air Toxics Trends Station (NATTS)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange and the non-desert areas of San Bernardino, L.A., and Riverside counties.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25-49 b. Project 25-49		
13. PROPOSED PROJECT Start Date: 1/1/2007 Ending Date: 12/31/2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12-20-06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 253,756 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 253,756		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Last Name Wallerstein b. Title Executive Officer c. Signature of Authorized Representative Previous Edition Usable Authorized for Local Reproduction		Middle Name R. Suffix D. Env. c. Telephone Number (give area code) 909-396-2100 e. Date Signed 12/19/06		

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/20/2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION Legal Name:		Organizational Unit: Department: PUBLIC WORKS		
COUNTY OF SAN DIEGO		Division: AIRPORTS		
Organizational DUNS: 00-9581646		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 1960 JOE CROSSON DR.		Prefix: First Name: PETER		
City: EL CAJON		Middle Name		
County: SAN DIEGO		Last Name DRINKWATER		
State: CA Zip Code 92020		Suffix:		
Country: USA		Email: Peter.Drinkwater@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4800		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - CONSTRUCT WEST TRANSIENT APRON, (RSAT).		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,517,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/27/06		
b. Applicant	\$ 69,563	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 62,937	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 2,650,000	a. Authorized Representative Prefix First Name PETER Middle Name L. Last Name DRINKWATER b. Title DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code) (619) 956-4839 d. Signature of Authorized Representative [Signature] c. Date Signed 12/20/06		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 22, 2006	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: River Highlands Community Services District		Organizational Unit: Department: Sewer Fund	
Organizational DUNS: We do not have one		Division:	
Address: Street: 8479 HAMMONTON SMARTSVILLE RD.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Thomas Middle Name: A. Last Name: Fossum Suffix: P.E. Email: tfossum@tiowell.com	
City: Smartville	County: Yuba	Phone Number (give area code) (916) 786-0685	
State: California	Zip Code 95977	Fax Number (give area code) (916) 786-0529	
Country: United States			

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 68-0232213

7. TYPE OF APPLICATION:
☒ **New** ☐ **Continuation** ☐ **Revision**
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

8. TYPE OF APPLICANT: (See back of form for Application Types)
 G. Special District (Community Services District)
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 The project would be to plan and construct improvements necessary to bring the Districts Wastewater Treatment plant into compliance with California and Federal water quality regulations.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Yuba County, California

13. PROPOSED PROJECT

Start Date: February, 2007	Ending Date: December 2007
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant
 California 2nd District
 b. Project
 California 2nd District

15. ESTIMATED FUNDING:

a. Federal	\$	1,000,000.00
b. Applicant	\$	100,000.00
c. State	\$	1,000,000.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	2,100,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: December 20, 2006
 b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Bob	Middle Name KINNE
Last Name Brunckhorst		Suffix —
b. Title Chairman, River Highlands Community Services District Board of Directors		
d. Signature of Authorized Representative <i>Robert K. Brunckhorst</i>		c. Telephone Number (give area code) (530) 639-2434
		e. Date Signed 12-20-06

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 22, 2006		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
River Highlands Community Services District			Department: Sewer Fund		
Organizational DUNS: We do not have one			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 8479 HAMMONTON SMARTSVILLE RD.			Prefix: Mr.		
City: Smartville			First Name: Thomas		
County: Yuba			Middle Name: A.		
State: California			Last Name: Fossum		
Zip Code: 95977			Suffix: P.E.		
Country: United States			Email: tfossum@tlowell.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		
68-0232213			(916) 786-0685		
8. TYPE OF APPLICATION:			Fax Number (give area code)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			(916) 786-0529		
Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
			G. Special District (Community Services District)		
			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:		
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program			USDA, Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Yuba County, California			The project would be to plan and construct improvements necessary to bring the Districts Wastewater Treatment plant into compliance with California and Federal water quality regulations.		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: February, 2007		Ending Date: December 2007	a. Applicant California 2nd District		
15. ESTIMATED FUNDING:			b. Project California 2nd District		
a. Federal	\$	1,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant	\$	100,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State	\$	1,000,000	DATE: December 20, 2006		
d. Local	\$		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	2,100,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Bob		Middle Name K. J. N. E.	
Last Name Brunckhorst				Suffix —	
b. Title Chairman, River Highlands Community Services District Board of Directors				c. Telephone Number (give area code) (530) 639-2434	
d. Signature of Authorized Representative <i>Robert K. Brunckhorst</i>				e. Date Signed 12-20-06	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/27/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646			Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER		
State: CA Zip Code: 92020			Suffix:		
Country: USA			Email: Peter.Drinkwater@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code) (619) 956-4800		Fax Number (give area code) (619) 956-4801
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORTS IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - ENVIRONMENTAL ASSESSMENT FOR LAND ACQUISITION and 70 ACRES PARCEL FOR LAND DEVELOPMENT; AND WORK NEEDED TO ENHANCE OPERATIONAL SAFETY.		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	209,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/29/06 : Fax (916) 323-3018		
b. Applicant	\$	5,775	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	25,225	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	220,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name L.	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4800	
d. Signature of Authorized Representative				e. Date Signed 12/27/06	